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JAN 27 2005

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Re: Jonathan R. Coppola Confirmation No: 2283
Appl. No: 10/007,502 Group: 1765
Filed: November 8, 2001 Examiner: Ahmed,
Shamim
For: Method for Fabricating micro
Optical Elements Using CMP
Customer No.: 25263
Attorney 0005.1099
Docket No.

AMENDMENT

VIA FACSIMILE: 703-872-9306
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

Sir:

In response to the pending Office Action, mailed August 27, 2004 (Paper
No./Mail Date 20040823), please amend the above-identified application as follows:

Amendments to the Claims are reflected in the listing of claims in section (a) of
this paper.

Reconsideration is requested in view of the Remarks set forth in section (b) of this
paper.

A two-month extension is requested for this response

Adjustment date: 12/29/2005 EEKUBAY1
02/07/2005 RHOLLAND 00000003 501547 10007502
01 FC:1252 450.00 CR

12/29/2005 EEKUBAY1 00000007 501547 10007502

01 FC:2252 225.00 DA

02/07/2005 RHOLLAND 00000003 501547 10007502

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Re: Jonathan R. Coppeta

Serial No: 10/007,502

Filed: November 8, 2001

For: Method for Fabricating Micro
Optical Elements Using CMP

Customer No.: 25263

Confirmation No: 2283

Group: 1765

Examiner: Ahmed,
Shamim

Attorney Docket No.	1099us
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REQUEST FOR REIMBURSEMENT

VIA FACSIMILE: 703-872-9306

Commissioner for Patents

P.O. Box 1450

Alexandria, Virginia 22313-1450

Sir:

On January 27, 2005, applicant's attorney filed an Amendment, requesting a two-month extension of time, for the above-referenced application. On the fee transmittal which accompanied the amendment, the box claiming small entity status was checked, and the amount in section 4, "other fees," was listed as \$225, the correct fee for a small entity.

A copy of the Fee Transmittal that was submitted on January 27, 2005, is enclosed for your convenience.


On our deposit account statement we note the charge on February 7, 2005 for the two-month extension of time requested was in the amount of \$450, with a fee code of 1252, which is the fee code for a large entity, not small entity.

COPY

Application No.: 10/007,502
February 28, 2005
Attorney Docket No.: 1099us

Applicant's attorney requests a refund in the amount of \$225 which is the difference between the \$450 two-month extension of time for a large entity, and the \$225 for a small entity.

Respectfully submitted,

By 
J. Grant Houston
Registration No.: 35,900
Tel.: 781 863 9991
Fax: 781 863 9931

Lexington, Massachusetts 02421
Date: February 28, 2005

4 Militia Drive, Suite 4
Lexington, MA 02421
Tel: 781-863-9991
Fax: 781-863-9931



Houston Eliseeva LLP
Intellectual Property

Fax

To:	Office of Finance -Refund Branch	From:	J. Grant Houston
Fax:	571-273-6500	Pages:	7 (including cover sheet)
Phone:		Date:	December 9, 2005
Re:	Request for Reimbursement for Application No. 10/007,502 Filed: November 8, 2001	CC:	
<input type="checkbox"/> Urgent <input type="checkbox"/> For Review <input type="checkbox"/> Please Comment <input type="checkbox"/> Please Reply <input type="checkbox"/> Please Recycle			
• Comments:			

Enclosed is a copy of a Request for Reimbursement which was originally faxed on February 28, 2005, again on June 28, 2005, and a third time on November 14, 2005. To date, we have not received the reimbursement.

Please reimburse our deposit account as stated in the original request of February 28, 2005.

Thank you for your assistance.

Confidentiality Notice

This facsimile is intended to be transmitted to the person whose name appears on it. Should it be received by another person, its contents are to be treated as strictly confidential. It is a privileged communication between the firm and the person named. Any use, distribution or reproduction of the information by anyone than that person is prohibited.

4 Militia Drive, Suite 4
Lexington, MA 02421
Tel: 781-863-9991
Fax: 781-863-9931



Houston Eliseeva LLP
Intellectual Property

COPY

Fax

To:	Office of Finance - Refund Branch	From:	J. Grant Houston
Fax:	571-272-6500	Pages:	6 (including cover sheet)
Phone:		Date:	November 14, 2005
Re:	Request for Reimbursement for: Application No. 10/007,502 Filed: November 8, 2001		
CC:			
<input type="checkbox"/> Urgent <input type="checkbox"/> For Review <input type="checkbox"/> Please Comment <input type="checkbox"/> Please Reply <input type="checkbox"/> Please Recycle			

• **Comments:**

Enclosed is a copy of original request for refund faxed to the U.S.P.T.O on February 28, 2005, including the U.S.P.T.O. receipt. This was also faxed to the refund branch on June 28, 2005.

Please acknowledge receipt of this facsimile and also, please process the request for refund.

Thank you for your assistance.

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This facsimile is intended to be transmitted to the person whose name appears on it. Should it be received by another person, its contents are to be treated as strictly confidential. It is a privileged communication between the firm and the person named. Any use, distribution or reproduction of the information by anyone than that person is prohibited.

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PTO/SB/21 (09-04)

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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/007,502
	Filing Date	November 8, 2001
	First Named Inventor	Jonathan R. Coppola
	Art Unit	1765
	Examiner Name	Ahmed, Shamim
	Attorney Docket Number	1099us
Total Number of Pages in This Submission		4

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Request for reimbursement Copy of fee transmittal previously submitted on January 27, 2005
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Houston Eliseeva LLP		
Signature			
Printed name	J. Grant Houston		
Date	February 28, 2005	Reg. No.	35,900

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:			
Signature			
Typed or printed name	Claire J. Handallan	Date	February 28, 2005

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL For FY 2005		Complete If Known Application Number <u>10/007,502</u> Filing Date <u>November 8, 2001</u> First Named Inventor <u>Jonathan R. Coppeta</u> Examiner Name <u>1765</u> Art Unit <u>Ahmed, Shamim</u> Attorney Docket No. <u>1099us</u>	
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27			
TOTAL AMOUNT OF PAYMENT	(\$)	225	

METHOD OF PAYMENT (check all that apply) <input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____ <input checked="" type="checkbox"/> Deposit Account Deposit Account Number <u>501547</u> Deposit Account Name <u>Accum Technologies, Inc.</u> For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) <input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments	
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2036.	

FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	
2. EXCESS CLAIM FEES							
Fee Description	Fee (\$)	Small Entity Fee (\$)					
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25					
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100					
Multiple dependent claims	360	180					
Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims		Fee (\$)	Fee Paid (\$)
- 20 or HP =		x	=				
HP = highest number of total claims paid for, if greater than 20							
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)				
- 3 or HP =		x	=				
HP = highest number of independent claims paid for, if greater than 3							
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)			
- 100 =	/ 50 =	(round up to a whole number) x	=				
4. OTHER FEE(S)							
Non-English Specification, \$130 fee (no small entity discount)						Fees Paid (\$)	
Other: Extension for response within second month						225	

SUBMITTED BY		
Signature	Registration No. 35,900	Telephone 781-863-8991
Name (Print/Type) J. Grant Houston	Date January 27, 2005	

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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 Page

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82/09/2005 10:28 FAX 17818639931 HOUSTON ELISERVA - FTO GARY FAX 007/007	
U.S. Patent & Trademark Office Department of Commerce Washington, DC 20590-0001	
TRANSMITTAL FORM (Order and for of correspondence after this date) Total number of pages in this transmission: 4	
Application Number: 17818639931 Filing Date: November 6, 2001 Mail Control Number: 17818639931 Art Unit: 1781 Examiner Name: Gary, Steven Agent's Name: Elserva, Houston	Application Number: 17818639931 Filing Date: November 6, 2001 Mail Control Number: 17818639931 Art Unit: 1781 Examiner Name: Gary, Steven Agent's Name: Elserva, Houston
ENCLOSURES (Check all that apply)	
<input type="checkbox"/> Pre-transmission Proof <input type="checkbox"/> New Address <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> New Fee <input type="checkbox"/> Affidavit/Declaration <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Captain Amendment/Reply <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document <input type="checkbox"/> Reply to Missing Prior Art <input type="checkbox"/> Reply to Missing Prior Art (37 CFR 1.62(a) & (b))	<input type="checkbox"/> Drawing <input type="checkbox"/> Identification Page <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Petition to Amend, Reexamine, Change of Correspondence Address <input type="checkbox"/> Transmittal Certificate <input type="checkbox"/> Request to Refuse <input type="checkbox"/> CD, Index of CD(s) <input type="checkbox"/> Language Table on CD <input type="checkbox"/> Other Material (Indicate in Remarks)
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT Name: Houston Elserva Signature: <i>[Signature]</i> Address: Houston, TX 77003 Title: Attorney	
CERTIFICATE OF TRANSMISSION/DIAL LOG I hereby certify that this transmission was being transmitted to the USPTO or deposited with the United States Postal Service and that all steps in this process were followed to the best of my knowledge and belief.	
Signature: <i>[Signature]</i> Title: Attorney Date: February 28, 2005	
This is a copy of the information required by 37 CFR 1.8. The information is required to be made available to the public and is not to be used for any other purpose. It is not to be used for any other purpose. It is not to be used for any other purpose. It is not to be used for any other purpose.	

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☐ Treasury Check

Patent/TM/App/Serial # 10, 007, 502

Program Area OTPE.

Date Processed 12-22-05

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